



**OFFICE OF ADMINISTRATIVE HEARINGS
CONDOMINIUM DISPUTE RESOLUTION PILOT PROGRAM
DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS
STATE OF HAWAI'I**

In the Matter of

CDR-2006-_____
(For Office Use Only)

REQUEST FOR HEARING

Petitioner(s),

vs.

Respondent(s).

REQUEST FOR HEARING

I. Name(s), address(es), and telephone numbers of Petitioner(s):

II. Name(s), address(es), and telephone numbers of Respondent(s):

*The Request for Hearing must be accompanied by a filing fee of \$25.00. Checks must be made payable to the Department of Commerce and Consumer Affairs. The Request for Hearing and all other documents may be filed at the CDR Pilot Program, Office of Administrative Hearings located at:
335 Merchant Street, Suite 100, Honolulu, Hawai'i 96813*

III. Jurisdictional Information.

- A. Name of mediator or mediation service used:
- B. Final date of mediation:
- C. Statutory basis for dispute (Which sections of Hawai'i Revised Statutes are involved):

IV. Description of the dispute between the parties (attach additional pages if necessary):

- A. What is the nature of the dispute?
- B. When did it happen and/or how long has the dispute been going on?
- C. What would you consider to be a fair resolution of the dispute?

DATED _____, Hawai'i, _____
(County) (Date)

Signature

Daytime telephone number